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Recommendation for funding for a short-duration country programme**

East Timor

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of East Timor with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $2,208,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2005.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

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Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	0.4
U5MR (per 1,000 live births) (1986-1996)	124
IMR (per 1,000 live births) (1986-1996)	85
Underweight (% moderate and severe) (1992)	45
Maternal mortality ratio (per 100,000 live births) (1980-1999)	800
Literacy (% male/female) (2001)	54/40
Primary school enrolment (% net, male/female) (2001)	66/62
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (%)	..
Routine EPI vaccines financed by Government (%)	0
Adult HIV prevalence rate (%)	..
GNI per capita (US$)	420
One-year-olds fully immunized against (2001):	
Tuberculosis	71 per cent
Diphtheria/pertussis/tetanus	34 per cent
Measles	30 per cent
Poliomyelitis	33 per cent
Pregnant women immunized against tetanus	32 per cent

The situation of children and women

1. East Timor is among the world's least developed countries, with more than two in five East Timorese living in poverty, according to a recent Living Standards Measurement Survey. While the economy has begun to improve since 2000, nearly all the growth has been from short-term donor funding. Even prior to the events of September 1999, East Timor was an impoverished territory. The massive violence and destruction that followed the August 1999 plebiscite seriously depleted the physical, human and social capital of the nation. Infrastructure for public administration and service delivery at subdistrict and lower levels is largely non-existent.

2. Health services were partially restored during 2000-2001, but they remain inadequate. Infant mortality is estimated at 85 per 1,000 live births and the maternal mortality ratio at 800 per 100,000 live births. Child morbidity is high, due mainly to infectious and parasitic diseases and persistent malnutrition. In the late 1990s, 45 per cent of children under five years old were under weight, and many suffered from vitamin A and iron deficiencies. Many women are also anaemic, increasing the risk of haemorrhage during delivery. A lack of trained birth attendants and poor access to emergency obstetric care aggravate the situation. More than 80 per cent of births take place in the home, and there is a high incidence of low birth weight, although the actual level is unknown.

3. The basic infrastructure for immunization has been re-established, but coverage remains low. Awareness of the benefits of immunization is weak, and drop-out rates are high. Coverage with anti-tuberculosis vaccine, for example, reached 70 per cent in 2001, whereas only about one third of the target group was reached with all three doses of polio and combined diphtheria/pertussis/tetanus vaccines.

4. UNICEF estimates that approximately 20 per cent of the rural population have access to safe water and 10 per cent to adequate sanitation facilities. Nearly all schools have required significant repairs to latrine and water facilities following the crisis.

5. The first confirmed case of AIDS was reported in Dili in December 2001. However, the highly mobile population, changing attitudes about sex among young people, the significant incidence of untreated sexually transmitted infections (STIs), the limited availability of condoms and services for STIs, and a general lack of knowledge about prevention all point towards an escalating incidence of HIV.

6. Nearly three years after East Timor's referendum, the education sector is still struggling to provide basic education for children. Even in 1998, the net enrolment ratio was only 70, as compared with the Indonesian average of 97. Repetition and drop-out rates are known to be very high, and almost one half (46 per cent) of the adult population have never attended school.

7. According to the United Nations Transitional Administration in East Timor (UNTAET), domestic violence accounted for 20 to 25 per cent of court cases in 2000-2001. In a UNICEF-sponsored survey, 44 per cent of Timorese respondents aged 9 to 17 years reported violence in their homes, as compared with an Asia-Pacific average of 29 per cent. A study on child abuse found that 60 per cent of reported cases involved girls, and 85 per cent of sexual abuse was against girls. Street children are a recent phenomenon, mainly in the capital city of Dili. Most of the estimated 200 to 300 street children in Dili are there to escape violence and/or poverty at home, but many are there in search of extra family income.

8. From the earliest stages, UNTAET made a specific commitment to the Convention on the Rights of the Child, and the new constitution explicitly addresses child rights. Nevertheless, there are still many weaknesses in existing laws, procedures and practices, which need thorough review and reform. The East Timor Government is committed to ratifying the Convention as soon as the country becomes a member of the United Nations.

Programme cooperation, 2001-2002

9. UNICEF assisted the Ministry of Health to re-establish the infrastructure for immunization, including central vaccine storage and a cold-chain network. As part of a joint United Nations agency Safe Motherhood Initiative, training and certification of national trainers in safe and clean delivery was supported, and the training of 152 newly recruited midwives is under way. A Tetum language version of *Facts for Life* was developed.

10. At the request of the Ministry of Education, UNICEF assisted in school rehabilitation, re-roofing 360 of the 674 primary schools, repairing ceilings and wall partitions in 100 of the re-roofed schools and refurbishing the Institute of Continuing Education. Stationery and basic school materials were provided to

189,000 primary students and nearly 5,000 teachers. Technical support helped to develop mathematics, science and health education textbooks and other teaching and learning materials for primary level; to plan an Education Management Information System; and to provide training in school-based management and in-service teacher training.

11. UNICEF used a community-based approach to improve water supply and sanitation in 93 villages in 33 subdistricts. Working with village entrepreneurs who produce and sell low-cost components, UNICEF has supported the installation of 4,425 family latrines, 868 rainwater collection jars, 410 dug wells and 43 hand-pump platforms. The construction of water facilities and separate sanitation facilities for girls and boys is under way in 200 primary schools.

12. UNICEF has promoted awareness and action in support of child rights and protection, including the training of journalists, decision makers, law enforcement officers and others in the concepts and principles of the Convention on the Rights of the Child; assisting non-governmental organizations (NGOs) to shelter and counsel women and children affected by violence and abuse; and supporting the recovery and rehabilitation of street children. Child-friendly spaces were set up in the immediate aftermath of the emergency as places of relative safety where children could come for recreation and mutual support. HIV/AIDS awareness-raising sessions were introduced as a non-formal educational activity in secondary schools, and youth groups, with UNICEF assistance, mobilized to promote peace and voter participation at the time of the country's first parliamentary elections.

Lessons learned from past cooperation

13. The fledgling East Timor civil service will need considerable support to fully carry out its responsibilities. A major task during the next programme cycle will be capacity-building, requiring a substantial allocation of UNICEF resources. The adoption of Portuguese and Tetum as the new country's official languages also presents challenges, particularly as much of the younger generation uses Indonesian as the *lingua franca*. This multiplicity of languages will significantly increase cost and complexity in such areas as advocacy, the production of schoolbooks and promotional materials.

14. Reliable, up-to-date data are very scarce, which hampers planning, fund-raising and results-based management. Significant resources will be needed in the new programme for the collection and analysis of data and information on children and women.

15. During the 2001-2002 programme cycle, the intensive work with communities in the water and sanitation programme met with a very positive response, but the approach tends to involve a long lead time for initial orientation, planning and start up. This will need to be factored into project plans.

16. Many national and local NGOs have only recently been established, and others have had to change the orientation of their work in the post-referendum period. Management capacity and operational experience are often limited, so UNICEF will need to provide close oversight and some training if local NGOs are to be effective.

Recommended programme cooperation, 2003-2005

	Estimated annual expenditure (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Regular resources				
Health and sanitation	170	180	185	535
Education and community capacity-building	170	180	185	535
Child protection	16	16	16	48
Advocacy and communication	20	20	20	60
Cross-sector costs	360	340	330	1 030
Subtotal	**736**	**736**	**736**	**2 208**
Other resources				
Health and sanitation	1 100	1 100	1 100	3 300
Education and community capacity-building	1 050	1 050	1 050	3 150
Child protection	700	700	700	2 100
Advocacy and communication	50	50	50	150
Cross-sectoral costs	100	100	100	300
Subtotal	**3 000**	**3 000**	**3 000**	**9 000**
Total	**3 736**	**3 736**	**3 736**	**11 208**

Country programme preparation process

17. As both current and proposed country programmes are of short duration, there was no formal mid-term review, nor was a country note prepared. However, the annual review of 2001 allowed partners, donors and members of civil society to comment on the structure of the proposed new programme. This process culminated in a joint Government-UNICEF strategy meeting in March 2002, attended by representatives of the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and several NGOs.

Country programme goals and objectives

18. The proposed programme of cooperation for 2003-2005 will complete the transition from emergency assistance to development support in East Timor, and its short duration will maintain harmony with the programme cycles of other United Nations agencies. The five-year National Development Plan identifies education, health and agriculture as the highest development priorities for the country, and 48 per cent of the first government budget have been allocated to the education and health sectors.

19. The basic goals of the 2003-2005 country programme are to assist the Government to improve the well-being of children and women and to support the

progressive fulfilment of their rights. UNICEF will contribute to the realization of those goals through: (a) reducing under-five and maternal mortality; (b) ensuring that 80 per cent of school-age boys and girls are enrolled in primary education, and that 50 per cent of primary schools have the capacity to deliver high quality education; (c) advocating for the implementation of laws, policies and programmes for children that are compatible with international child rights standards; and (d) providing at least 30 per cent of young men and women aged 15 to 24 years with life skills to reduce their vulnerability to HIV infection. Four programmes will work together to achieve those objectives: health and sanitation; education and community capacity- building; child protection; and advocacy and communication.

Relation to national and international priorities

20. The proposed programme addresses the five priorities of the UNICEF medium-term strategic plan for 2002-2005. Objectives and strategies also reflect the following: (a) priority problems identified through a regional situation analysis; (b) the findings of the 2000 Common Country Assessment; and (c) the draft United Nations Development Assistance Framework, which includes explicit reference to the Millennium Development Goals. Programme design has also taken into account the sector-wide approaches (SWAPs) in health and education, as well as guidelines for the Global Alliance for Vaccines and Immunization (GAVI). Finally, the proposed programme reinforces many aspects of East Timor's National Development Plan.

Programme strategy

21. East Timor's institutions in the areas of law, governance and basic social services are still fragile, due mainly to a severely depleted human resource base. To address this situation, the proposed programme will adopt the following four interlinked strategies: (a) the nation-wide provision of basic services for all children, and selective support to sustain and strengthen the service delivery infrastructure; (b) experimental community-based approaches to increase the demand for basic services; (c) appropriate training of families, communities, civil society organizations and government bodies; and (d) advocacy to promote and institutionalize child rights throughout East Timor society.

22. These strategies will be applied at two levels. First, they will provide inputs for immunization, micronutrient supplementation, enhancement of basic education, monitoring mechanisms for child rights protection laws and policies, and information on health and nutrition. Secondly, they will support community-based integrated early childhood development (IECD) interventions in safe motherhood and child nutrition; protection for children without primary caregivers and those affected by violence, exploitation and abuse; and life skills training for adolescents and young adults. Addressing gender discrimination, especially the prevention of domestic violence against girls, will be a cross-cutting theme. The proposed country programme will also form partnerships with national NGOs and religious bodies to promote the fulfilment of children's and women's rights. Through all activities, the programme will seek to develop the confidence and capacity of local and national partners.

23. **Health and sanitation**. This programme has four main components — Immunization Plus, safe motherhood, child nutrition and sanitation promotion — to be implemented through three projects. The Immunization Plus project aims to increase national immunization coverage to 80 per cent by 2005. UNICEF assistance will conform to the National Health Plan and SWAPs. Vitamin A supplementation will be delivered along with immunization. Technical assistance will strengthen management and supervision at district and subdistrict levels, and support the training of district health staff. Cold-chain maintenance, the procurement of vaccines and vitamin A, and improvement of record-keeping and reporting will also be supported. Achieving rapid polio-free certification will be a priority. Youth groups, women's groups and church networks will be mobilized to increase the demand for immunization, identify unreached groups and devise ways to extend services to them. In collaboration with WHO, UNICEF will provide technical assistance to the Ministry of Health to improve sustainability, enhance collaboration with the Inter-agency Coordinating Committee and ensure the appropriate use of GAVI resources.

24. Safe motherhood, child nutrition, and hygiene and sanitation promotion will be combined in a pilot IECD project in four selected districts. The objectives are: (a) to improve the health and nutrition of pregnant women, ensure clean and safe deliveries and reduce the proportion of low birth-weight babies; and (b) to reduce the prevalence of stunting and low weight gain among children under the age of three years.

25. One component of the IECD project will provide information and education to families and communities to improve preventive behaviour. Examples of the topics to be covered include: health risks related to early marriage; the importance of bednets, especially for children and pregnant women; recommended diet during pregnancy and good feeding practices for young children; improving family access to clean water; and healthy hygiene and sanitation habits. The second component will strengthen health system capacity to deliver appropriate, quality services for maternal and child health. UNICEF inputs will support assessments, training, information/education/communication materials, community orientations, supplies and monitoring. The project will be implemented by district-level health services and selected NGOs. A special partnership will be developed with the Catholic Church to draw upon its extensive human and organizational resources in providing community-based health and nutrition services. UNICEF will also ensure complementarity with the UNFPA reproductive health programme.

26. Some elements of the third project — water and environmental sanitation (WES) — are incorporated in the IECD pilot project, but WES will also be implemented in 30 to 50 rural villages. The successful community participatory approach for sanitation promotion in the 2001-2002 programme will be modified to reduce the time required for planning and preparation. Local residents will prepare maps of the existing situation to form the basis for improving access to clean water and sanitation. The essential low-cost components for dug wells, family latrines and rainwater collection jars will be fabricated by village artisans. Families will purchase these components, but facilities will be constructed by community labour. UNICEF will support community planning, the procurement of moulds and materials, and the training of artisans and government staff. The Ministry of Water and Public Works will implement the project in close collaboration with community-based organizations (CBOs).

27. **Education and community capacity-building**. Education is a major challenge in East Timor given the severely damaged physical infrastructure, inadequately trained teachers, poor school readiness of many children, and weak administrative and managerial capacity of the education system. Two projects — basic education and community education — will help to address these concerns.

28. One basic education subproject will help to rehabilitate and strengthen major elements of the educational system at the national level. Another subproject — the "One Hundred Schools Initiative" — will help to develop, implement, assess and document educational innovations, with an emphasis on improving "child-friendliness" and educational quality. Subject to the availability of funds, a third subproject will work to improve the quality of pre-schools.

29. In the One Hundred Schools Initiative, 20 schools will be designated as core cluster schools, each having four or five satellite schools. Small grants will be made to upgrade school facilities and capabilities. School committees, comprised of teachers, school officials, parents and community leaders, will provide guidance for local educational improvement, promote demand for quality education and ensure the appropriate use of grant funds. A major objective is to reduce the drop-out rates of girls and boys by 10 and 5 per cent, respectively, while developing a gender-sensitive environment and upgrading teaching methods and curriculum content. Innovative practices and approaches originating from the One Hundred Schools Initiative will be used to influence national policy and catalyse educational reform. Making the school environment friendly, safe and motivating for all children, especially girls, will be especially emphasized.

30. Technical assistance will be provided to the Ministry of Education to introduce an Education Management Information System and develop textbooks and other teaching and learning materials in mathematics, science and health education for primary grades. Selected teacher training in management, teaching methods and curriculum development skills may also be provided based on experience with the One Hundred Schools Initiative.

31. The early childhood education (ECE) subproject is designed to extend the "friendly" concept of the One Hundred Schools Initiative to selected pre-schools. In collaboration with the local churches that run most of these programmes, it will build on existing good practices and introduce new methods of teaching and parenting as appropriate. If funds are available, this subproject will also support community-based ECE education groups in 25 of the One Hundred Schools Initiative locations.

32. The community education project has three subprojects: youth empowerment; women's capacity-building for empowerment; and child-friendly spaces. The main objective of the youth empowerment component is for 30 per cent of young people in the 15- to 24-year-old age group to learn and practise skills required for a healthy life, especially regarding the prevention of HIV/AIDS/STIs and the promotion of reproductive health. Target groups for UNICEF assistance will be: (a) the total population aged 15-24 years (both in and out of school) for life skills to avoid risky behaviour; and (b) groups at special risk of contracting HIV/AIDS/STIs, including street children, sex workers and entertainment industry workers. UNICEF will support curriculum development and training for peer educators. HIV prevention will also be introduced in all secondary schools and the university. A new health

education curriculum and accompanying learning materials, to be developed through the basic education project, will support this activity.

33. The women's capacity-building for empowerment subproject will help 75 per cent of female members of 100 literacy groups to attain minimum literacy standards using materials incorporating information especially relevant to East Timorese women, including women's rights, care practices for children, prenatal and antenatal care, the prevention of HIV/AIDS/STIs and safe childbirth. Literacy tutors will be trained in selected districts, and simple monitoring and evaluation tools will be developed.

34. The child-friendly spaces subproject will seek ways to modify the functions and management of the child-friendly spaces established during the emergency period as activity centres catering mainly to displaced children and youth. The objective is to help transform these facilities into genuine community centres under local support and management.

35. **Child protection**. This programme will ensure that East Timor is able to fulfil its obligations under the Convention on the Rights of the Child, with all new legislation and policies in harmony with international standards, and with effective enforcement mechanisms in place. In addition, it will support the provision of services to prevent child abuse and neglect, and to assist those already affected.

36. The legal and policy framework project has four core elements: (a) advocacy, technical assistance and training for development and implementation of relevant policies, laws and enforcement capacity; (b) building a knowledge base on children in need of special protection; (c) formulating plans for a national birth registration system; and (d) preparing East Timor's initial country report to the United Nations Committee on the Rights of the Child. Technical assistance will be provided for legal reform and improved law enforcement; for the promotion of increased knowledge of the Convention on the Rights of the Child and child protection issues as a basis for advocacy, policy making and planning; and to improve services that respond to the special needs of child victims. UNICEF will also support the Social Services Division to carry out community consultations to enhance understanding and acceptance of child protection concepts. Building community capacity to be "self-policing" in these areas will be emphasized. Training materials to help integrate child rights concepts and principles into the training of government officials, NGOs and religious groups will also be developed.

37. In collaboration with Plan International and the East Timor Civil Registration Division, UNICEF will help to develop a birth registration system, initially in two pilot districts. If successful, this experience will be used to seek bilateral assistance for nation-wide expansion.

38. Technical assistance will be provided for the preparation of East Timor's initial country report to the Committee on the Rights of the Child and to establish a national child rights monitoring committee.

39. The strengthening protection services project will help to build capacity within the Government and civil society groups to respond to children in need of special protection, including those on the street, in prison, separated from their parents, victims of domestic violence and abuse, and involved in commercial sexual exploitation. In addition, selected NGOs will be supported to help recover and

reintegrate street children, ensure the welfare of children in prison, and trace and reunify children separated from their parents.

40. **Advocacy and communication**. This programme will promote child rights through advocacy with the Government, CSOs, families and communities. Specific activities will include the formulation of communication strategies, the preparation of programme support materials, and the creation of opportunities for children and youth to participate in discussions about their rights and well-being. The programme will work with international media to enhance the visibility of East Timor and to increase understanding, particularly in donor countries, of the situation of its children and women. It will also support fund-raising efforts and foster relationships with National Committees for UNICEF to encourage their support.

41. **Cross-sectoral costs**. These resources will provide supply, logistics, administrative, planning, and monitoring and evaluation support for all programme components, and facilitate emergency preparedness and flexibility in responding to emerging opportunities.

Monitoring and evaluation

42. Monitoring and evaluation plans for each programme will be consolidated into a three-year Integrated Monitoring and Evaluation Plan. Indicators specified in the plan will provide a major focus for annual reviews and an end-of-cycle review. Field trips and other consultative processes will also be employed. UNICEF will assist the Department of Economic Affairs and Statistics to collect good quality data on social indicators through surveys and administrative reporting systems. A multiple indicator cluster survey will be carried out in 2002. UNICEF will also assist the Government to use the computerized Child Info analysis package. Simple monitoring tools and procedures will be developed for specific programme components.

Collaboration with partners

43. The East Timor Government will be the main UNICEF counterpart. However, close partnership with other members of the United Nations system will continue. UNICEF will work closely with WHO on child survival, health and hygiene promotion; with UNFPA on maternal and reproductive health, healthy life styles for youth, including HIV/AIDS prevention, and domestic violence; and with UNDP on HIV/AIDS prevention and capacity development for government and civil society partners. UNICEF will also participate with other United Nations agencies through theme groups for broad programme areas such as HIV/AIDS, gender and capacity-building.

44. UNICEF will continue to work with major bilateral donors, including Japan, Australia, the European Union, Norway, Sweden, the United Kingdom, Portugal and the United States of America in education, women's literacy, health and sanitation, and child protection. Cooperation with the Asian Development Bank in the area of WES and with the World Bank in the areas of health and education will be strengthened. Alliances with the emergent private sector, the media, NGOs, CBOs and the Church will also be developed as appropriate.

Programme management

45. The National Planning Commission is responsible for overall coordination of assistance programmes in East Timor. Responsibility for programme management rests with the heads of relevant ministries and line departments. The respective District Officers will coordinate district-level activities. The UNICEF Special Representative is the overall manager of the country programme and is advised by the Country Management Team on matters concerning office management and human resources development.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : EAST TIMOR

PROGRAMME: 2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND SANITATION	535,000		535,000	0	0	0	1	0	0	1	0	0	1	526,842	0	526,842
EDUCATION AND COMMUNITY CAPACI	535,000		535,000	0	0	0	1	0	0	1	0	0	1	526,842	0	526,842
CHILD PROTECTION	48,000		48,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY AND COMMUNICATION	60,000		60,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS SECTORAL COSTS	1,030,000		1,030,000	0	0	0	1	0	1	2	0	4	6	853,584	47,684	901,268
TOTAL RR	2,208,000		2,208,000	0	0	0	3	0	1	4	0	4	8	1,907,268	47,684	1,954,952
OTHER RESOURCES :																
HEALTH AND SANITATION		3,300,000	3,300,000	0	0	0	0	0	0	0	3	0	3	451,022	116,388	567,410
EDUCATION AND COMMUNITY CAPACI		3,150,000	3,150,000	0	0	0	0	1	0	1	1	0	2	526,842	38,796	565,638
CHILD PROTECTION		2,100,000	2,100,000	0	0	0	0	1	0	1	0	0	1	402,692	0	402,692
ADVOCACY AND COMMUNICATION		150,000	150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS SECTORAL COSTS		300,000	300,000	0	0	0	0	0	0	0	2	0	2	0	77,592	77,592
TOTAL OR		9,000,000	9,000,000	0	0	0	0	2	0	2	6	0	8	1,380,556	232,776	1,613,332
TOTAL RR & OR	2,208,000	9,000,000	11,208,000	0	0	0	3	2	1	6	6	4	16	3,287,824	280,460	3,568,284
SUPPORT BUDGET	Operating costs		611,910													
	Staffing			0	0	1	0	2	1	4	0	4	8	1,702,246	508,834	2,211,080
GRAND TOTAL (RR + OR + SB)				0	0	1	3	4	2	10	6	8	24	4,990,070	789,294	5,779,364
Number of posts and staff costs:																
Current programme cycle										12	6	13	31			
At the end of proposed programme cycle (indicative only)										10	6	8	24	4,990,070	789,294	5,779,364

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.